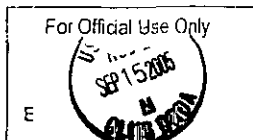


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>73324</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>J</u> <u>Boston</u> P.O. Box, Bldg., Room No., if any Street <u>1542 Burnley Street</u> City <u>Camarillo</u> State <u>California</u> ZIP Code + 4 <u>93010-3048</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers &amp; Steamfitters Local 484</u> Labor Organization File Number <u>011-784</u> <u>48</u> P.O. Box, Building and Room Number, if any Street <u>1955 North Ventura Avenue</u> City <u>Ventura</u> State <u>California</u> ZIP Code + 4 <u>93001-1306</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Robert J. Boston</u>	On <u>8/8/05</u> Date	<u>805-643-6345</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Apprentice & Journeyman Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18931 Laurel Park Road

City Compton

State California ZIP Code + 4 90220-

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

Joint Labor Management Training Trust

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Educational Conference \$2762.00  
Meals 115.00

12.b. Amount.

\$2877.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name So Ca Pipe Trades Administrative Corp

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 501 Shatto Place, Fifth Floor

City Los Angeles

State California ZIP Code + 4 90020-1478

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Educational Conference	\$3192.68
Meals	144.75

12.b. Amount.

\$3337.43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Piping Ind Progress & Ed Trust Fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 501 Shatto Place, Suite 200  
City Los Angeles  
State California ZIP Code + 4 90020-1478

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals \$147.02

12.b. Amount.

\$147.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Jerry Neil Paul

Trade Name, if any: Attorney at Law

P.O. Box, Bldg., Room No., if any

Street 5716 Corsa Avenue, #203

City Westlake Village

State California ZIP Code + 4 91362

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Asbestos Class Action

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Deals with membership on above class action.

12.b. Amount.

\$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>Robert J. Boston</b>		File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>NWQ Investment Management Company, LLC</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>2049 Century Park East, 16th Floor</b></p> <p>City <b>Los Angeles</b></p> <p>State <b>California</b> ZIP Code + 4 <b>90067</b></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><b>Trustee</b></p> <p>11.b. Approximate dollar value of such dealing. <b></b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Dinner \$124.57</b></p> <p>12.b. Amount. <b>\$124.57</b></p>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p><b></b></p> <p>14.b. Amount of payment. <b></b></p>
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